

NAME		RATE		DATE	
TOPIC TITLE					
CIN	TECHNIQUE	171 INSTRUCTOR TRAINEE 1 2 3			
<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> MONTHLY 1 2 3 <input type="checkbox"/> QUARTERLY 1 2 3 4 <input type="checkbox"/> HIGH-RISK					
Evaluate each item on the checklist. Rate each item a YES, NI, (Needs Improvement), NO or NA (Not Applicable).					
		YES	NI	NO	NA
1. INTRODUCTION					
a. Displayed course and topic title.					
b. Introduced self.					
c. Explained how the material fits into the course.					
d. Explained objectives to the students.					
e. Stressed the importance of safety.					
f. Explained the importance of satisfactory performance.					
g. Motivated students to do their best.					
2. PRESENTATION					
a. Lesson plan has been Personalized.					
b. Classroom and materials are ready for training.					
c. Information technically accurate.					
d. Taught from the discussion points.					
e. Used the lesson plan effectively.					
f. Transitioned and chained material effectively.					
g. Used training aids effectively.					
h. Used training aids effectively.					
i. Maintained proper eye contact.					
j. Displayed enthusiasm.					
k. Used gestures effectively.					
l. Maintained a positive, professional attitude.					
m. Used time effectively.					
n. Avoided distracting mannerisms.					
o. Used communication skills effectively.					
p. Maintained flexibility.					
q. Used personal experiences/examples to stress materials.					
r. Explained material clearly.					
3. INSTRUCTOR/STUDENT INTERACTION					
a. Established and maintained student attention.					
b. Encouraged student participation.					
c. Checked for student comprehension.					
d. Established/maintained proper instructor/student relationship.					
4. SUMMARY					
a. Related objectives to the lesson.					
b. Summarized lesson properly.					
c. Questions checked student understanding.					
d. Reemphasized the importance of safety.					

CLASSROOM INSTRUCTOR EVALUATION CHECKLIST

☐ Satisfactory

☐ Unsatisfactory

☐ Recommended for a Waiver

☐ Recommended for MTS

REMARKS COMPLETED BY THE EVALUATOR

All behaviors evaluated as NI or NO will be explained under this section. Also include any comments of an outstanding nature. A statement concerning safety evaluation procedures must be included in this section.

SIGNATURE AND TITLE OF THE EVALUATOR

DATE

INSTRUCTOR IMPROVEMENT PLAN

I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:

SIGNATURE AND TITLE OF THE INSTRUCTOR

DATE